

ABUSE INSERVICE DOCUMENTATION

In accordance with Title 172, NAC 108, this verifies that:

Name

Social Security Number

received at least one (1) hour of training in procedures for reporting suspected abuse or neglect, including:

003.02C1 The requirements of Nebraska Revised Statute 28-372

003.02C2 Residents' rights as set forth in 175 NAC 12 and 175 NAC 17

Facility/City _____ Date of Inservice _____

Instructor's Signature _____

Instructor's Printed Name _____

Instructor's Title and License Number _____

NOTE TO EMPLOYER: Please be sure to send the Nurse Aide Registry Form if you hire this aide. You can obtain the Nurse Aide Registry Form on our website at www.dhhs.ne.gov/crl/nursing/na/na.htm Click on Applications.

Please return this form to: **Nebraska Nurse Aide Registry**
ATTN: Wanda Vodehnal
PO Box 94986
Lincoln, NE 68509-4986

PH: 402-471-4971
FAX: 402-471-1066